## PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

218335

| (Column 1) (Column 2)   |   |                      |                                |                 |        |  |                  |      |                    | ENTITY                 |        |                     | THAN                   |
|---|---|----------------------|--------------------------------|-----------------|--------|--|------------------|------|--------------------|------------------------|--------|---------------------|------------------------|
| (Column 1) (Column 2)  FOR NUMBER FILED NUMBER EXTRA  |   |                      |                                |                 |        | 1.   | TYPE             |      | OR                 | SMALL                  | ENTITY |                     |                        |
| FUN   |   |                      | NOMBER FILED                   |                 |        | NUMBER EXTRA                               |                  | IJ   | RATE               | FEE                    | _}     | RATE                | FEE                    |
| BASIC FEE   |   |                      |                                |                 |        |  | _                | ll   |                    | 380.00                 | OR     |                     | 760.00                 |
|   | TAL CLAIMS                                | 1                    | minus 20=                      |                 |        | · 71                                       |                  |      | X\$ 9=             |                        | OR     | X\$18=              | 486                    |
| INDEPENDENT CLAIMS H minus 3 = 1 2  |   |                      |                                |                 |        |  | X39=             |      | OR                 | X78=                   | 156    |                     |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |   |                      |                                |                 |        |  |                  |      | +130=              |                        | OR     | +260=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |   |                      |                                |                 |        |  |                  |      | TOTAL              |                        | OR     | TOTAL               | 1402                   |
| CLAIMS AS AMENDED - PART II   |   |                      |                                |                 |        |  |                  |      |                    |                        |        | OTHER               | THAN                   |
| (Column 1) (Column 2) (Column 3)  |   |                      |                                |                 |        |  |                  |      | SMALL              | ENTITY                 | OR     | SMALL               | ENTITY                 |
| AMENDMENT A   |   | REMA<br>AFI<br>AMENI |                                |                 | PI     | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |      | RATE               | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total                                     | * 4                  | 9                              | Minus           | **     | 47   | =2               |      | X\$ 9=             |                        | OR     | X\$18=              | 36                     |
|   | Independent * ( ) FIRST PRESENTATION OF M |                      |                                | Minus           | ***    |  | =2               |      | X39=               |                        | OR     | X78=                | 160                    |
|   | FINST PRESE                               | NIAIIC               | N OF MI                        | JLIIPLE DE      | PENI   | DENT CLAIM                                 |                  |      | +130=              |                        | OR     | +260=               |                        |
|   |   |                      |                                |                 |        |  |                  | L    | TOTAL.             |                        | OR     | TOTAL               | 2110                   |
|   |   | (Coli                | umn 1)                         | •               | 10     | Column 2)                                  | (Column 3)       | P    | DDIT. FEE          |                        | 1      | ADDIT. FEE          |                        |
| m   |   | CL                   | AIMS                           |                 |        | HIGHEST                                    |                  | Г    |                    | ADDI-                  | 1 1    |                     | ADDI-                  |
| AMENDMENT B   |   | AF                   | AINING<br>TER<br>IDMENT        |                 | PI     | NUMBER<br>REVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA |      | RATE               | TIONAL<br>FEE          |        | RATE                | TIONAL                 |
| NON   | Total                                     | *                    |                                | Minus           | **     |  | =                |      | X\$ 9=             |                        | OR     | X\$18=              |                        |
| <b>JME</b>  | Independent                               | *                    |                                | Minus           | **     |  | =                |      | X39=               |                        |        | X78=                | 37                     |
| `   | FIRST PRESE                               | NTATIO               | N OF M                         | JLTIPLE DE      | PEN    | DENT CLAIM                                 |                  | ŀ    |                    |                        | OR     |                     |                        |
|   |   |                      |                                | •               |        |  |                  | L    | +130=              |                        | OR     | +260=               |                        |
|   |   |                      |                                | •               |        |  |                  | A    | TOTAL<br>DDIT. FEE |                        | OR ,   | TOTAL<br>ADDIT. FEE |                        |
| -   |   |                      | ımn 1)                         |                 |        | olumn 2)                                   | (Column 3)       |      |                    |                        |        | ; -                 | -                      |
| AMENDMENT C   |   | REM/                 | AIMS<br>AINING<br>TER<br>DMENT |                 | PF     | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |      | RATE               | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total                                     | * -                  |                                | Minus           | **     |  | =                |      | X\$ 9=             |                        | OR     | X\$18=              |                        |
|   | Independent                               | *                    |                                | Minus           | ***    |  | =                | H    | X39=               |                        |        |                     |                        |
|   | FIRST PRESE                               | NTATIO               | N OF MU                        | ILTIPLE DEI     | PEND   | ENT CLAIM                                  |                  |      | <b>√</b> 05=       |                        | OR     | X78=                |                        |
| • H   | the entry in colur                        | mn 1 is le           | ess than th                    | e entry in colu | mn 2   | write "0" in col                           | umn 3.           | L    | +130=              |                        | OR     | +260=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***OR TOTAL ADDIT. FEE |   |                      |                                |                 |        |  |                  |      |                    |                        |        |                     |                        |
| 1   | The "Highest Num                          | iber Prev            | iously Paid                    | i For (Total or | r Inde | pendent) is the                            | highest number   | foun | d in the app       | ropriate box           | in coh | mn 1.               | ŧ                      |